

Name
in
Full

Samuel S Acton

CERTIFICATE OF DEATH

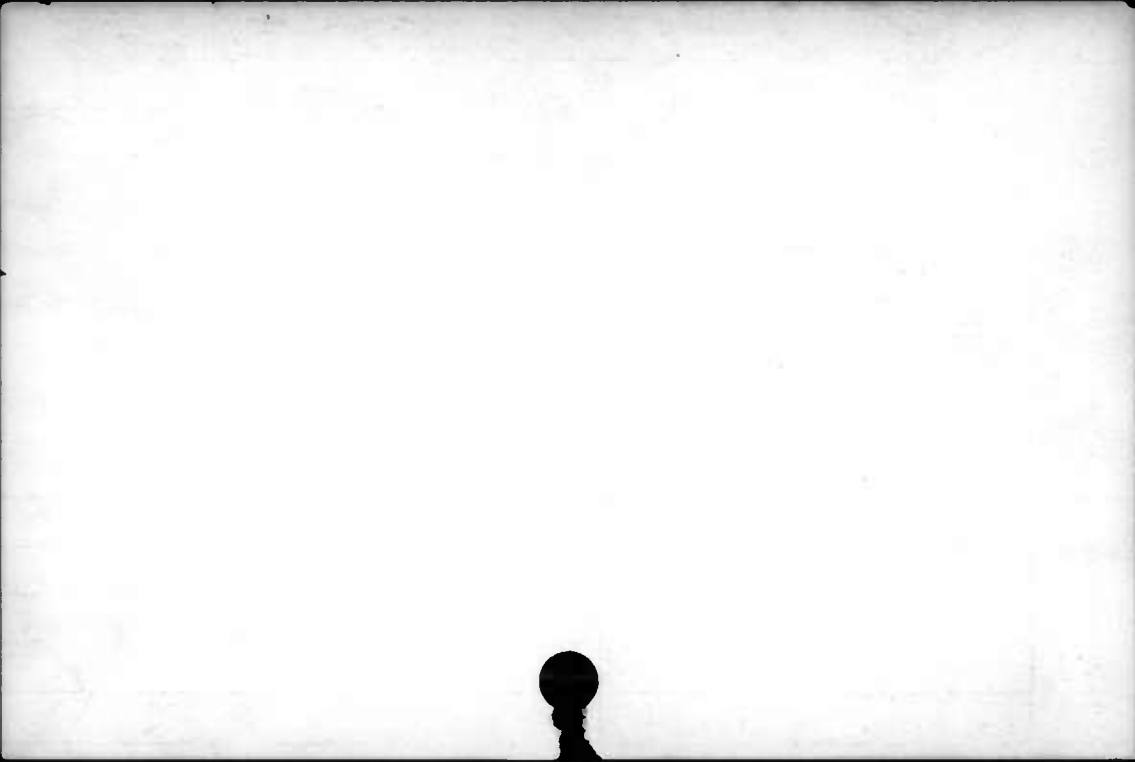
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Brooklyn</i>		^{County} <i>Anne Arundel</i>		MARYLAND	
Date of death 1903	Month <i>September</i>	Day <i>21</i>	Age <i>73</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maine</i>		
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband <i>Alice M Acton</i>					
Father's Name <i>Unknown</i>		<i>64</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Unknown</i>		<i>64</i>		Mother's Birthplace <i>Unknown</i>	
Name of person giving information <i>Alice M Acton</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral</i>	How long <i>37 day</i>
Immediate <i>Permyxin</i>	How long <i>37 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frederick L. S. K.</i>
	Address <i>914 N. Charles St.</i>
Accident or Suicide?	



Name
in
Full

Elizabeth Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		Sept	2	—	—	4	—
Sex	Female		Color or Race	Negro		Birth-place	D.A. Co
Occupation	—			Where Residing if not at place of death			
Married, Single, or Widowed			Name of Wife or Husband				
Father's Name			James Anderson				Father's Birthplace
Mother's Maiden Name			Queen Diggs				Mother's Birthplace
Name of person giving Information			105				How related to deceased
							D.A. Co

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Leething Diarrhoe	How long	4 mos
Immediate	" Reported by Parent	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Jno. Ridoat
Attended by		Address	Annapolis
Accident or Suicide?		pr H.R.W. Registrar	



Name
in
Full

Sarah Brogden

CERTIFICATE OF DEATH

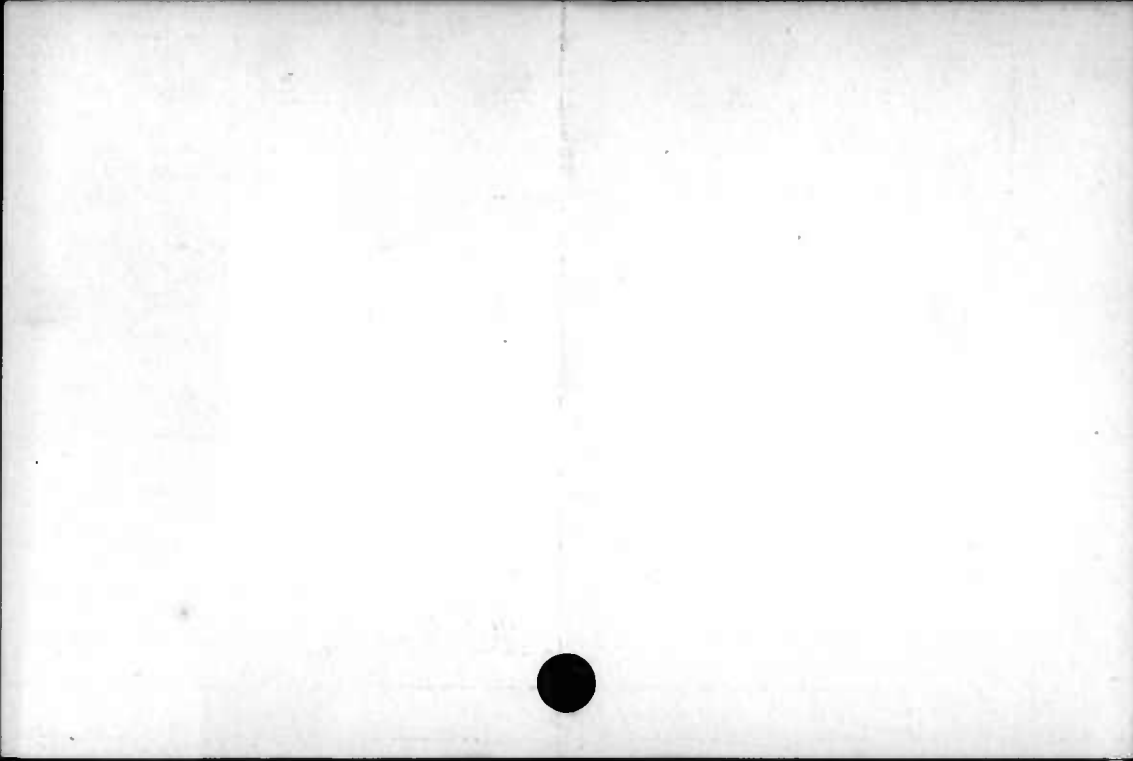
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wellham</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>September</i> Day	<i>9</i> Age	<i>70</i> Years	Months Days
Sex <i>Female</i>	Color or Race <i>African</i>	Birth-place <i>Anne Arundel</i>		<i>Ad</i>	
Married, Single or Widow <input checked="" type="checkbox"/>			Occupation		
Name of Wife or Husband					
Father's Name <i>Don't know</i>			Father's Birthplace <i>15-4</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>15-4</i>		
Name of person giving information <i>Next Neighbor</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>6 weeks</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. R. Wmerson</i>
	Address <i>Elkridge Md.</i>
Accident or Suicide?	



Name
in
Full

Still Born

CERTIFICATE OF DEATH

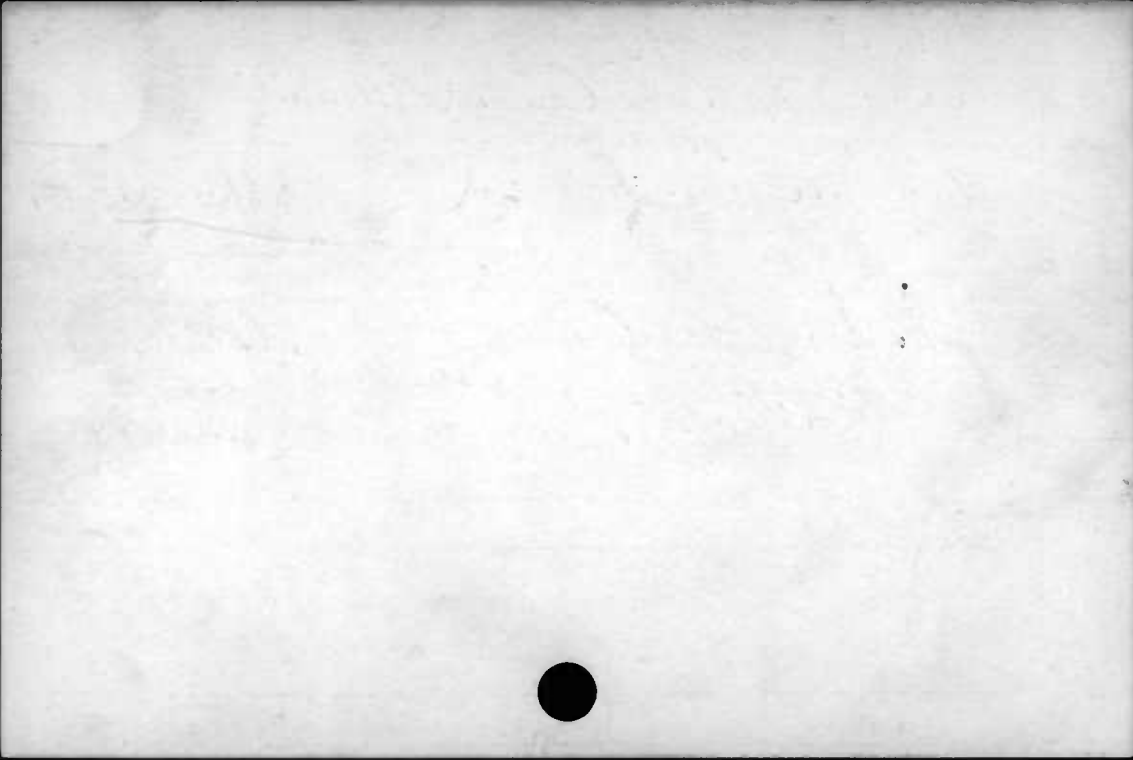
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 190	3	Sept	10th				
Sex	Female		Color or Race	Colored		Birth-place	88 Calvert St.
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Charles Brown				Annapolis			
Mother's Maiden Name				Mother's Birthplace			
Katherine Brown				Annapolis			
Name of person giving information				How related to deceased			
Elizabeth Randall				Midwife			

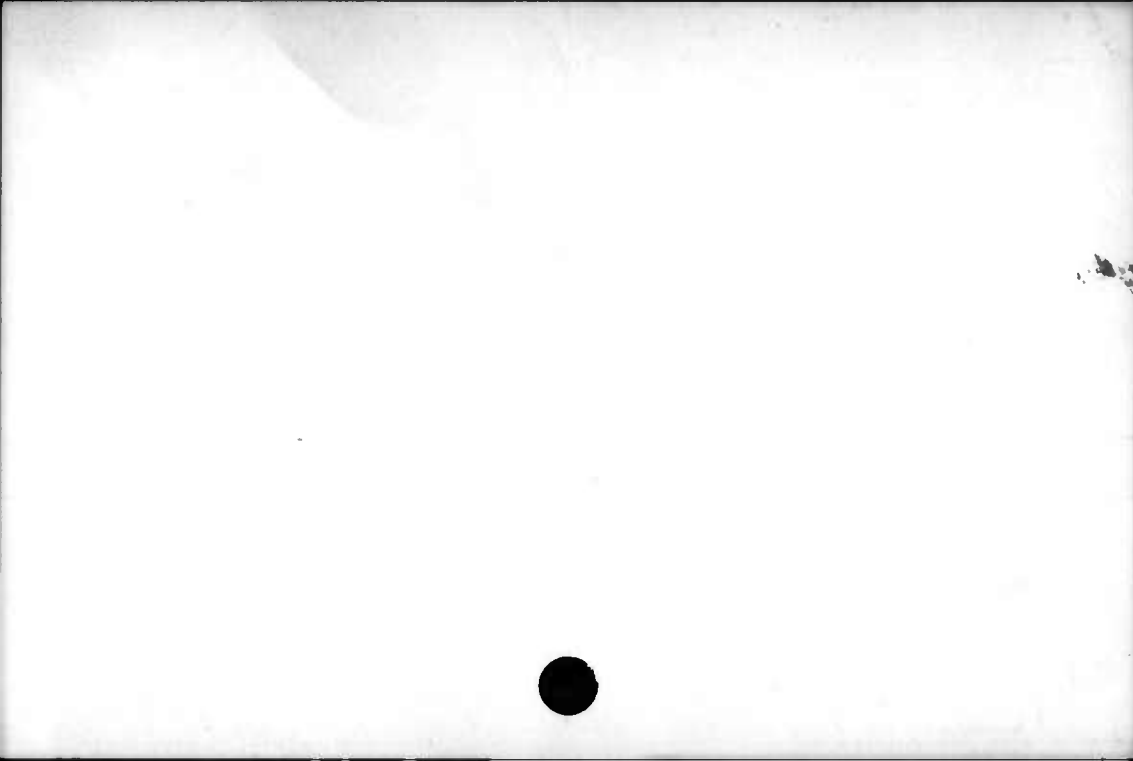
CAUSES OF DEATH

PHYSICIAN
OR CORONER

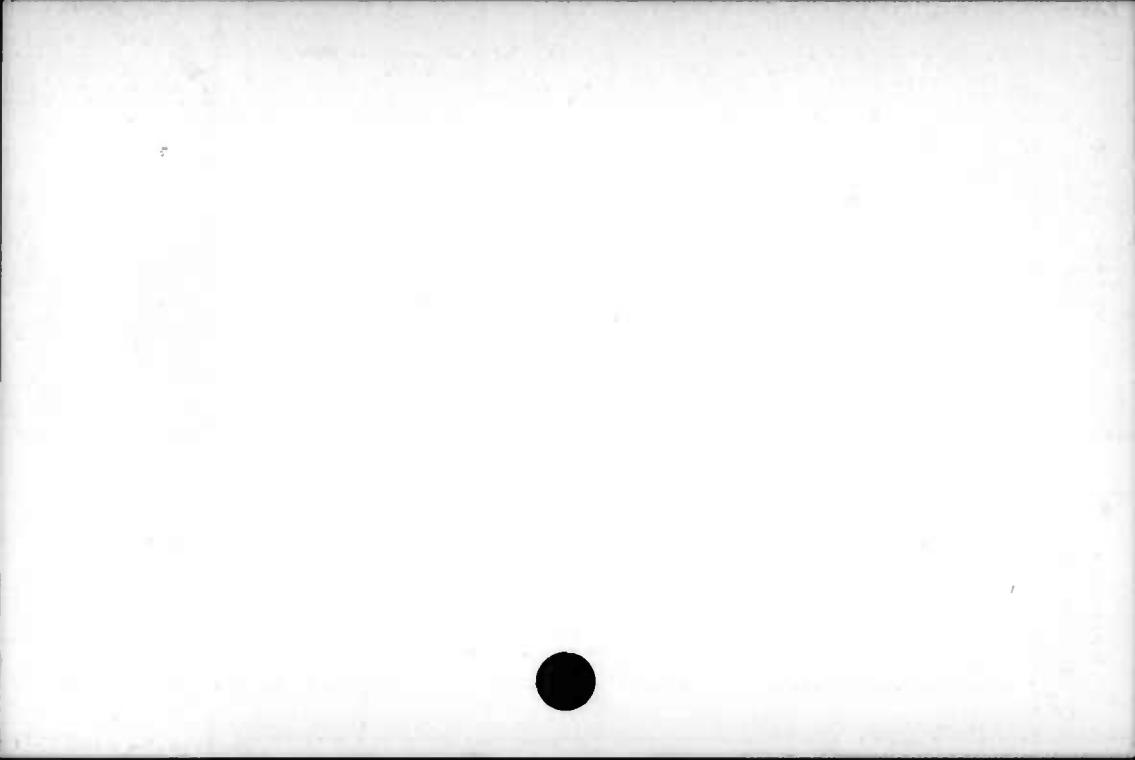
Primary	Still-born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Elizabeth Randall
		Address
		Midwife
Accident or Suicide?		



Name in Full		Susie Bullen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		South River		County	
		Date of death		1903		Age	
		Month		Sept		Days	
		Day		3		Years	
		Sex		Female		Birth-place	
		Color or Race		White		Maryland	
		Occupation		Housewife		Where Residing if not at place of death	
Married, Single or Widowed		Married		Name of Wife or Husband		Samuel Bullen	
Father's Name		Thomas Purdy		Father's Birthplace		Maryland	
Mother's Maiden Name		Rebecca Fowler		Mother's Birthplace		Anne Arundel	
Name of person giving Information		Ranley Smith		How related to deceased		Son in law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Pulmonary Phthisis		How long	
		Immediate		Diphtheria		How long	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
		Address		John Collinsor		South River	
		Accident or Suicide?				Md.	



Name in Full		John Day				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Hawkins Point ^{Town} a a		County		
		Date of death 1903		Month	Day	Age	Months	Days
		Sex		Male		Color or Race		White
		Married, Single or Widowed		Occupation		Sailor		
		Name of Wife or Husband		Father's Name		Father's Birthplace		NY
		Mother's Maiden Name		Mother's Birthplace		Germany		
		Name of person giving information		Annie Switzer		How related to deceased		Sister
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Drowned						
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				yes		
		Signature of Physician				H. L. Hawkins cor		
				Address		Brooklyn N. C.		
Accident or Suicide?								



Name
in
Full

Thomas Jay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>At</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Sept</i> ^{Month}	<i>12th</i> ^{Day}	Age <i>3</i> ^{Years}	<i>3</i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>George Jay</i>			Father's Birthplace <i>Atbo.</i>		
Mother's Maiden Name <i>Kate Matthews</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Mother</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Menin gitis</i>	How long	<i>Five days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D N E Campbell</i>	
<i>Yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name in Full		Chas Henry Dorsey				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Curtis Bay</i>		Town <i>g a</i>		County <i>g a</i>		
		Date of death 190 <i>3</i>		Month <i>9</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
		Sex <i>Male</i>		Color or Race <i>Col</i>		Birth-place <i>Curtis Bay</i>		
		Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>				
		Name of Wife or Husband <i>—</i>						
PHYSICIAN OR CORONER		Father's Name <i>Washington C Dorsey</i>				Father's Birthplace <i>M d</i>		
		Mother's Maiden Name <i>Sarah A Booth</i>				Mother's Birthplace <i>M d</i>		
		Name of person giving information <i>W. C Dorsey</i>				How related to deceased <i>Father</i>		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary <i>convulsions</i>				How long <i>2 days</i>		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Chas H Booth</i>		
						Address <i>Brooklyn 711th</i>		
		Accident or Suicide? <i>—</i>						



Name
in
Full

Mary Smorkowski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St. Baltv. ^{Town} a, a. ^{County} MARYLAND

Date of death 1903 ^{Month} sept ^{Day} 1 ^{Age} 1 ^{Years} 7 ^{Months} — ^{Days} —

Sex Female Color or Race white Birth-place Austria

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

John Smorkowski

Father's
Birthplace

Austria

Mother's
Maiden Name

Sophia Kazimer

Mother's
Birthplace

Austria

Name of person giving
Information

John Smorkowski

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

How long

26 hours

Immediate

Convulsions

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

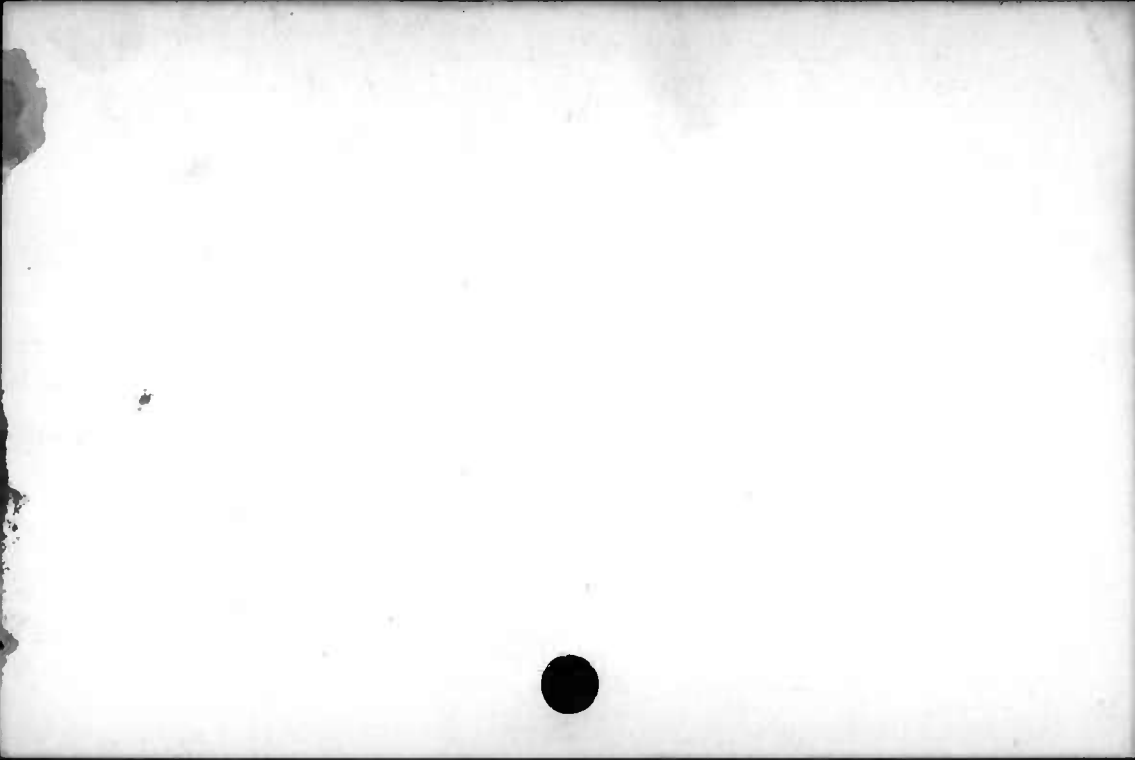
Signature of
Physician

J. B. Forten MD

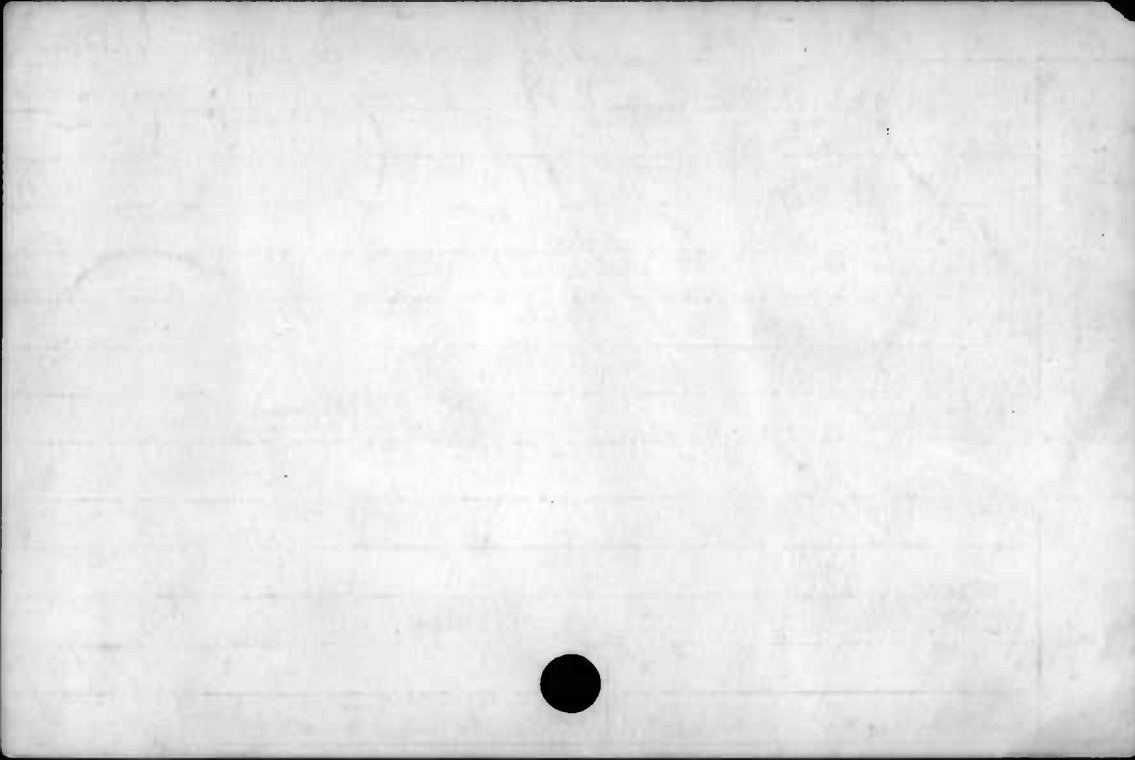
Address

St. Baltv, Md

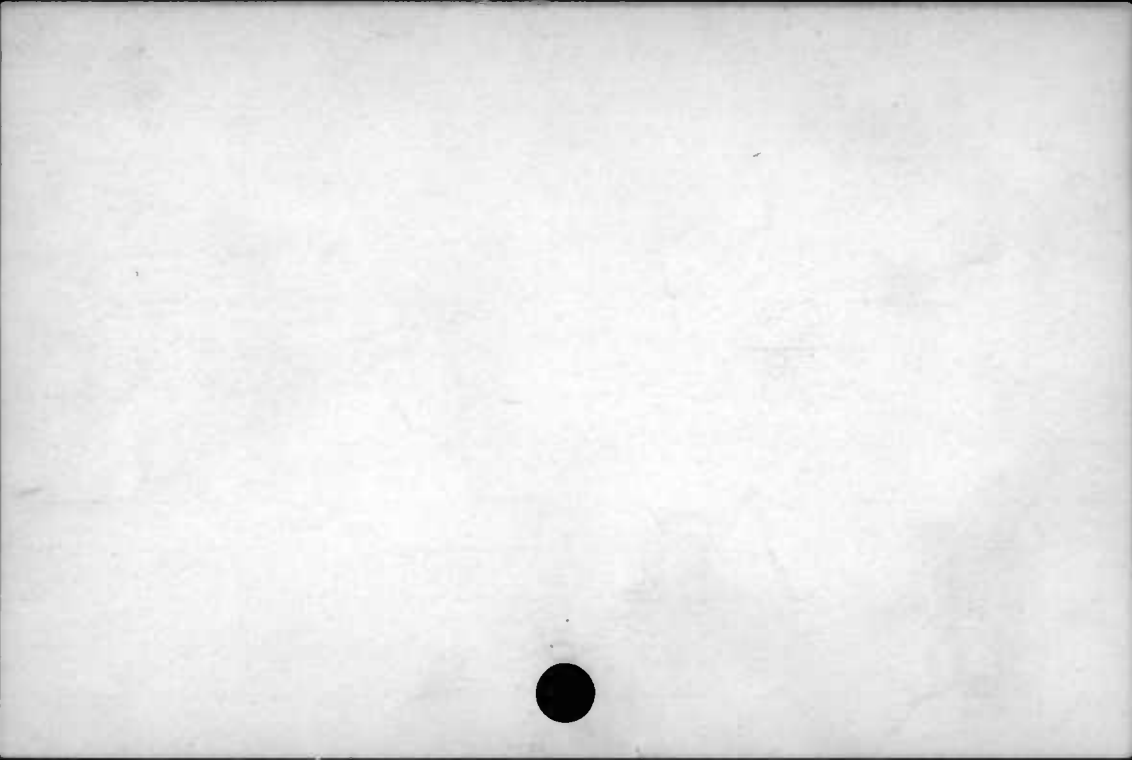
Accident or Suicide



Name in Full		Bartholomew J. Esmonds				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Annapolis		^{County} Anne Arundel		MARYLAND	
		Date of death 1903		Month Sept		Day 24	
		Age 34		Years 34		Months	
		Sex Male		Color or Race White		Birth-place Annapolis	
		Married, Single or Widowed Single		Occupation Plumber			
		Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name Harry Esmonds 79				Father's Birthplace Ireland	
		Mother's Maiden Name Mary Riley				Mother's Birthplace " "	
		Name of person giving information Elizabeth Esmonds				How related to deceased Sister	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary Weak heart				How long	
		Immediate Heart Failure				How long	
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Coroner, Charles F. Feldmeyer	
						Address Annapolis Md.	
		Accident or Suicide?				Justice of the Peace	



Name in Full Mary Galenbarts		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at East Brooklyn	Town East Brooklyn	County A A
	Date of death 190	Month 8	Day 13
	Age 32	Years 32	Months —
	Sex Female	Color or Race White	Birth-place East Brooklyn
	Married, Single or Widowed Single	Occupation Child	
	Name of Wife or Husband		
	Father's Name Valentine Galenbarts	Father's Birthplace Germany	
Mother's Maiden Name Josephine	Mother's Birthplace Germany		
Name of person giving information Valentine Galenbarts	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Dysentery	How long 4 days	
	Immediate Short illness	How long	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. B. Robinson	
		Address Brooklyn N.Y.	
	Accident or Suicide? No		



Name
in
Full

J. M. Edward Gaskins

CERTIFICATE OF DEATH

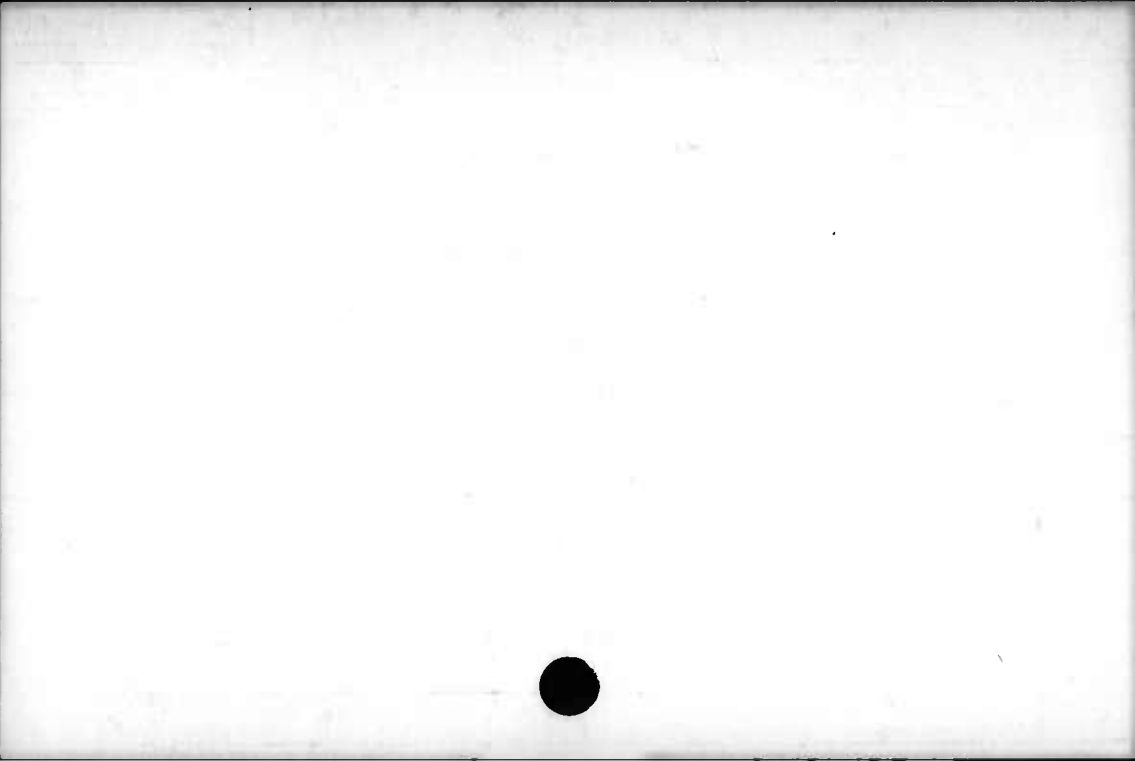
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodwardville</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	<u>1903</u>	^{Month} <u>Sept</u>	^{Day} <u>10</u>	^{Years} <u>Age</u>	^{Months} <u>1</u>
Sex <u>Male</u>		Color or Race <u>African</u>		Birth-place <u>Woodwardville</u>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <u>X</u>		Name of Wife or Husband <u>X</u>			
Father's Name <u>John Gaskins</u>		Father's Birthplace <u>Na</u>			
Mother's Maiden Name <u>Rosella Chisley</u>		Mother's Birthplace <u>Woodwardville</u>			
Name of person giving Information <u>John Gaskins</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>1 week</u>
Immediate	<u>Asphyxiation</u>	How long	<u>immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. Dubois</u>	
		Address <u>Gambrells</u>	
Accident or Suicide?		<u>Old</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Norman Gotthe* Town *Annapolis* County *AA* MARYLAND

Died at *Annapolis*

Date of death 1903 *Sept* *7th* Age *4* Years *23* Months *4* Days *23*

Sex *male* Color or Race *White* Birth-place *city*

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name *George G. Gotthe* Father's Birthplace *city*

Mother's Maiden Name *Julia Stevenson* Mother's Birthplace *city*

Name of person giving information *Father* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Months

Immediate

How long

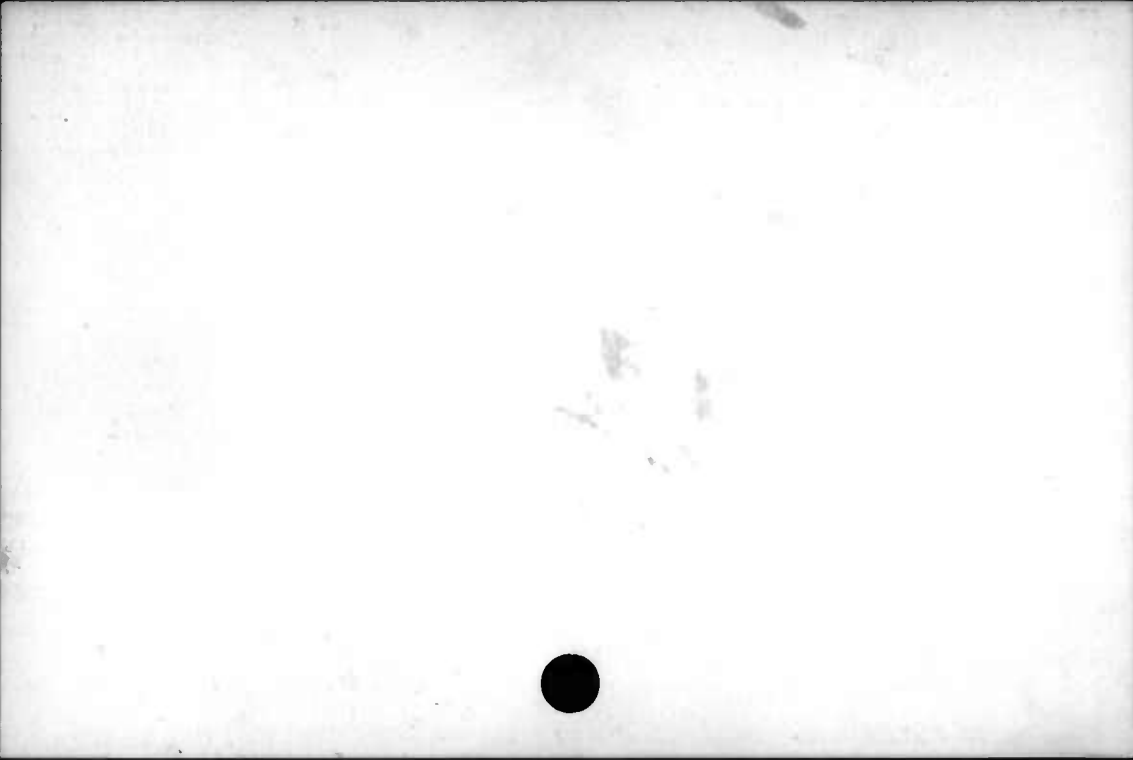
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

Accident or Suicide?



Name
in
Full

Mary Hardesty

CERTIFICATE OF DEATH

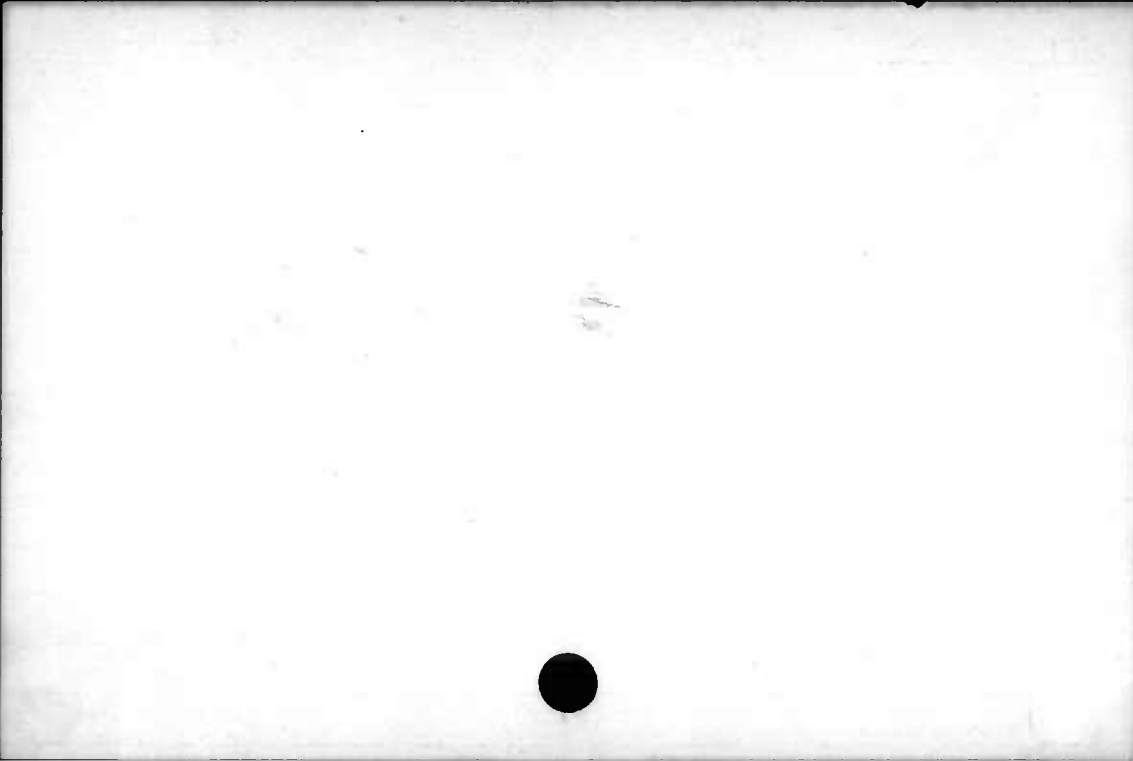
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		County <u>At</u>		MARYLAND	
Date of death 190 <u>3</u> ^{Month} <u>Sep</u> ^{Day} <u>20</u> ^{Years} <u>Sunday</u>		Age <u>12</u>		Months <u>11</u> Days	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>At. Co.</u>	
Married, Single or Widowed <u>Married</u>		Occupation <u>School Girl</u>			
Name of Wife or Husband <u>Ellen Hardesty</u>					
Father's Name <u>Samuel W. Hardesty</u>		Father's Birthplace <u>At. Co.</u>			
Mother's Maiden Name <u>Ellen Crosby</u>		Mother's Birthplace <u>At. Co.</u>			
Name of person giving information <u>Father</u>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gun shot wound</u>	How long <u>5 min.</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Murphy</u>
	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name
in
Full

Lewise Hicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Brooklyn ^{County} Cal

MARYLAND

Date of death 1903 ^{Month} Sept ^{Day} 2 Age ^{Years} 11 ^{Months} month

Sex Female Color or Race Black Birth-place Brooklyn Cal

Married, Single or Widowed _____ Occupation _____

Name of Wife or Husband _____

Father's Name James Hick

Father's Birthplace Calvert Cl. Md

Mother's Maiden Name Mary Bayet

Mother's Birthplace Baltimore

Name of person giving Information James Hick

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera infantum

How long 8 15 - 1903

Immediate continued

How long 10 9 - 2 - 1903

Are the name, age, sex, color, date and place correctly given above? Calvert

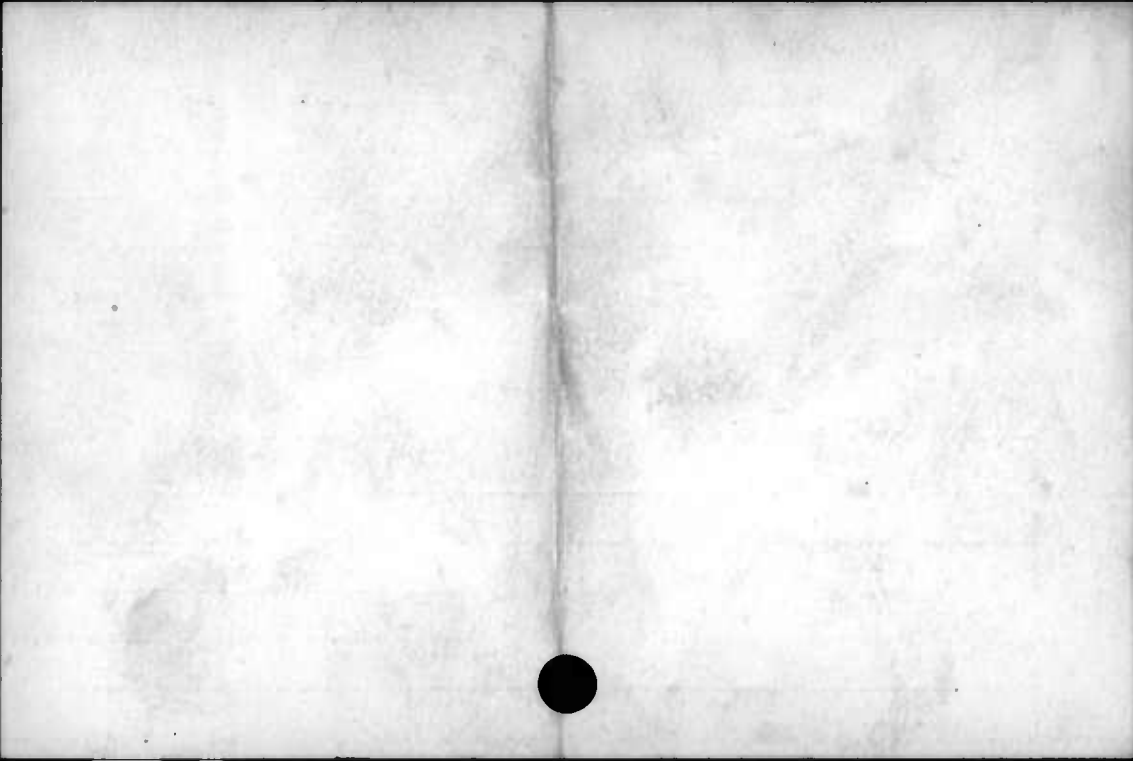
Signature of Physician

Address

11 month

Dr G W Greenard
708 Endor St

Accident or Suicide? _____



Name
in
Full

Irene Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} So. Balto.

County

a. a.

MARYLAND

Date of death 1903 Sept

Day

9

Age

Years

-

Months

2

Days

-

Sex Female

Color or Race

white

Birth-place

a. a. Co. Md

Occupation

-

Where Residing if not at place of death

-

Married, Single or Widowed

-

Name of Wife or Husband

-

Father's Name

Sam Jacobs

Father's Birthplace

Balto. Md

Mother's Maiden Name

Edna T. Jacobs

Mother's Birthplace

Balto. Md

Name of person giving Information

Edna ~~Jacob~~ Jacobs

How related to deceased

mother

CAUSES OF DEATH

Primary

Convulsions

How long

one hour

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. W. Horton MD

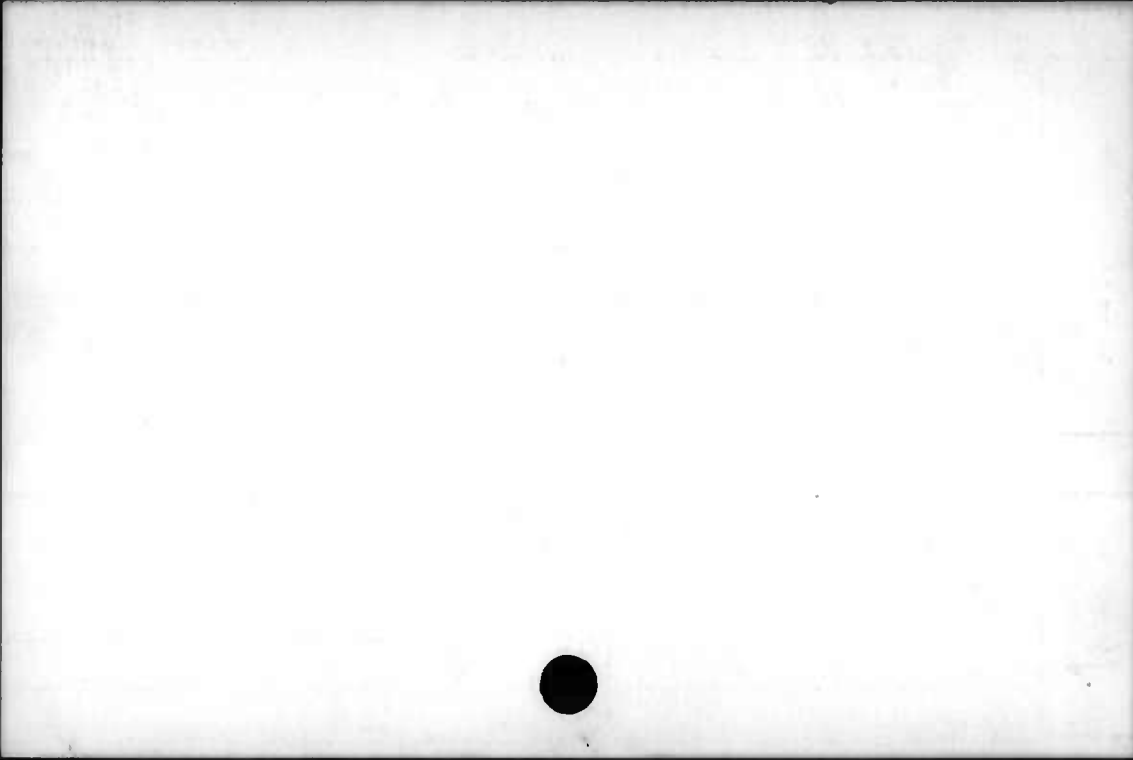
Address

So. Balto. Md.

Accident or Suicide?

-

PHYSICIAN
OR CORONER



Name
in
Full

Charles Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Smithville		County ^{AA}		MARYLAND	
Date of death 1903	Month Sept	Day 19 th	Age	Years	Months 3
Sex Male	Color or Race colored	Birth-place	AA Co.		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name Lloyd Johnson Jr			Father's Birthplace AA Co		
Mother's Maiden Name Florence Strickland			Mother's Birthplace AA Co		
Name of person giving information Father			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pertussis	How long	Two weeks
Immediate	Enterocolitis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John R. Doughty	
Yes		Address Annapolis Md	
Accident or Suicide?			



Name
in
Full

Thomas Jones.

CERTIFICATE OF DEATH

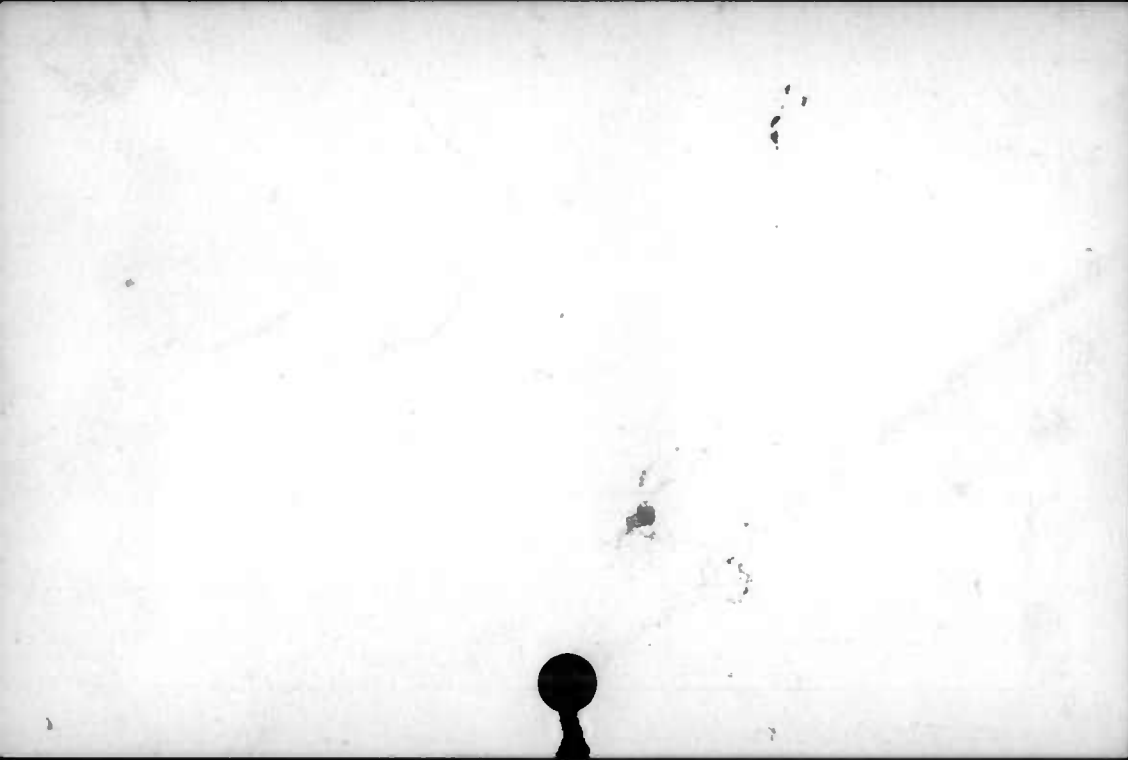
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept.</i>	Day <i>17</i>	Age <i>56</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>A. A. b.</i>		
Married, Single or Widowed	<i>Married</i>		Occupation <i>Laborer</i>		
Name of Wife or Husband	<i>Martha Jones</i>				
Father's Name	<i>Willman Jones</i>			Father's Birthplace	<i>A. A. b.</i>
Mother's Maiden Name	<i>Fanny Larn</i>			Mother's Birthplace	<i>A. A. b.</i>
Name of person giving information	<i>White</i>			How related to deceased	<i>White</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Injury: { <i>Fracture of spinal column; com-</i>	How long	<i>About 17 hrs.</i>
<i>pound dislocation & fracture of bones of left ankle joint</i>		
Immediate <i>Paresis</i> { <i>due to pressure upon & probable</i>	How long	<i>About 17 hrs.</i>
<i>laceration of spinal cord</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>As far</i>	
<i>as I am aware of.</i>	Signature of Physician <i>J. H. Thompson M.D.</i>	
Address	<i>193 Church St. Annapolis, Maryland.</i>	
Accident or Suicide?	<i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Elwood R. Jordan		Town Annapolis		County Anne Arundel		STATE MARYLAND	
Died at Annapolis		Month Sept		Day 5th		Years 5	
Date of death 190 3		Age 2		Months 5		Days 12	
Sex Male		Color or Race White		Birth-place Indian Md			
Married, Single or Widowed Single		Occupation 					
Name of Wife or Husband 							
Father's Name Cliff W. Goodey				Father's Birthplace D. Dand			
Mother's Maiden Name Lucie E. Harbridge				Mother's Birthplace D. A.			
Name of person giving information C. W. Jordan				How related to deceased 93, Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	How long Five days
Immediate 	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician L. J. Murphy
	Address Annapolis Md.
Accident or Suicide? 	



Name
in
Full

CERTIFICATE OF DEATH

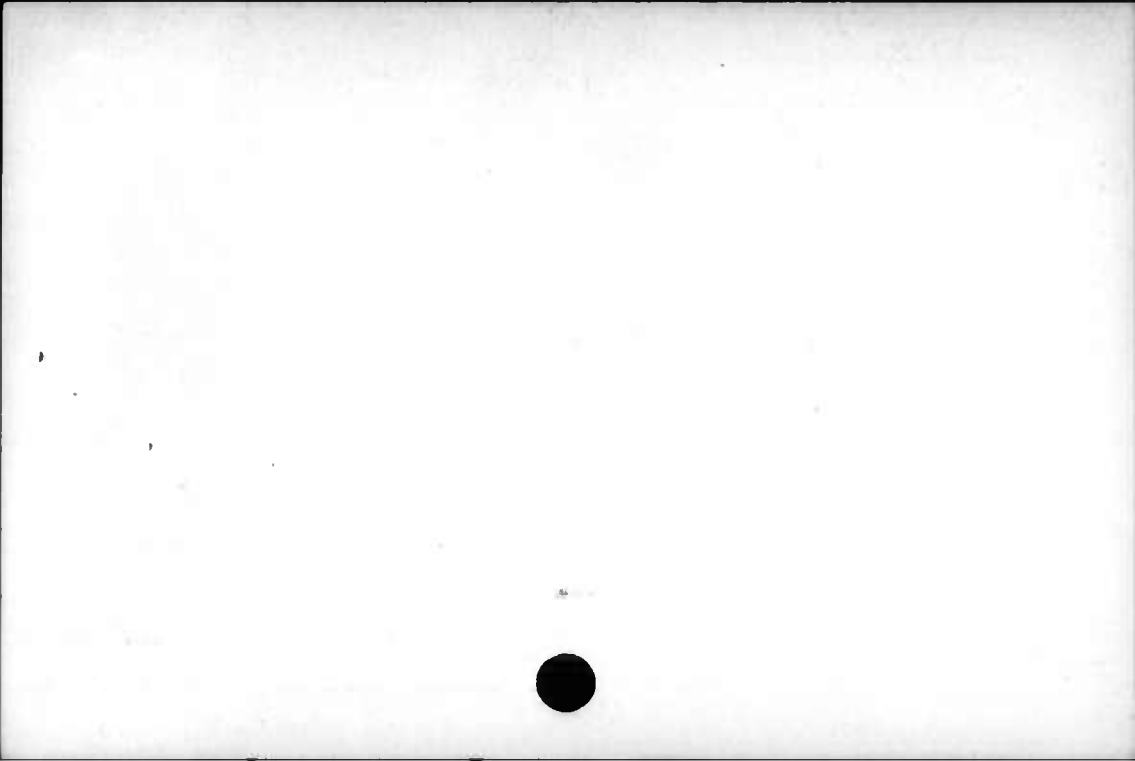
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

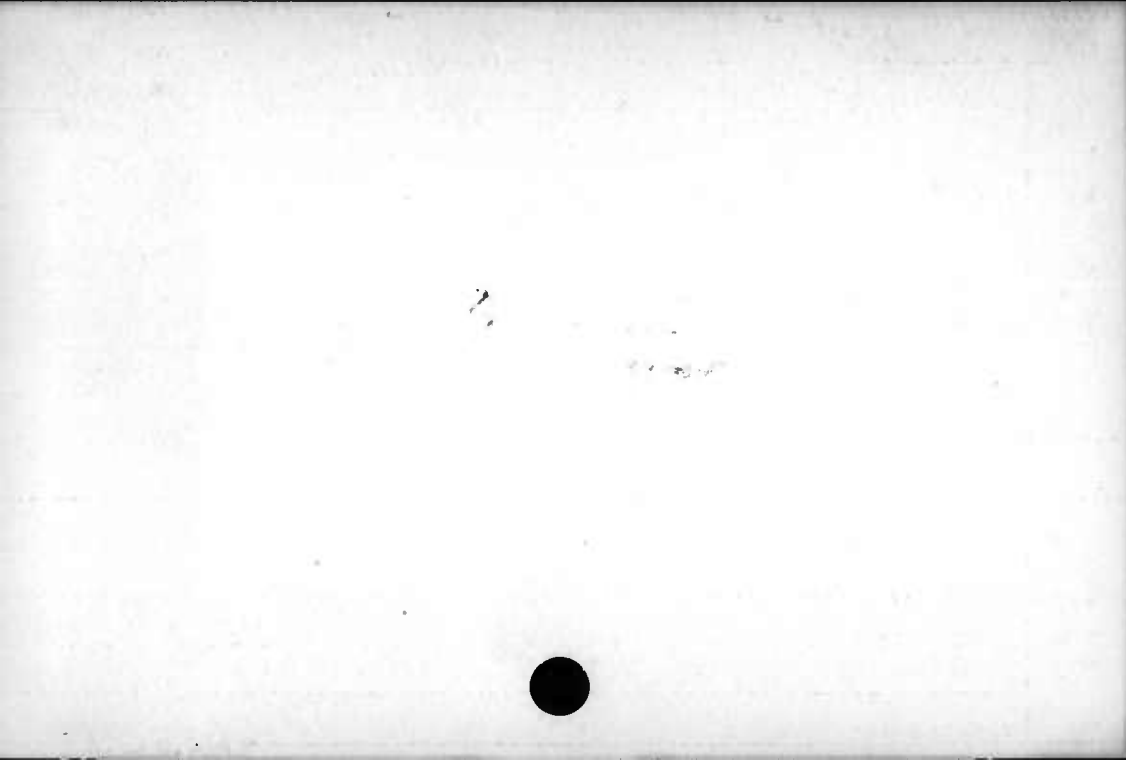
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name in Full		Matilda Little				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Annapolis</u> <small>Town</small>		County <u>At</u>		MARYLAND		
		Date of death 1903		Month <u>Sept</u>	Day <u>4th</u>	Years <u>93</u>	Months	Days
		Sex <u>Female</u>		Color or Race <u>colored</u>		Birth-place <u>At bo.</u>		
		Married, Single or Widowed		Occupation <u>Invalid</u>				
		Name of Wife or Husband <u>Benj Little</u>						
		Father's Name <u>John Lb Glemsley</u>		Father's Birthplace <u>At bo.</u>				
		Mother's Maiden Name <u>Kitty Glemsley</u>		Mother's Birthplace <u>At bo.</u>				
		Name of person giving information <u>Son</u>		How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Senility</u>				How long <u>Months</u>		
		Immediate <u>Exhaustion</u>				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>John Ridout</u>		
		<u>Yes</u>				Address <u>Annapolis Md</u>		
		Accident or Suicide?						



Name
in
Full

Ernest L. Looman

CERTIFICATE OF DEATH

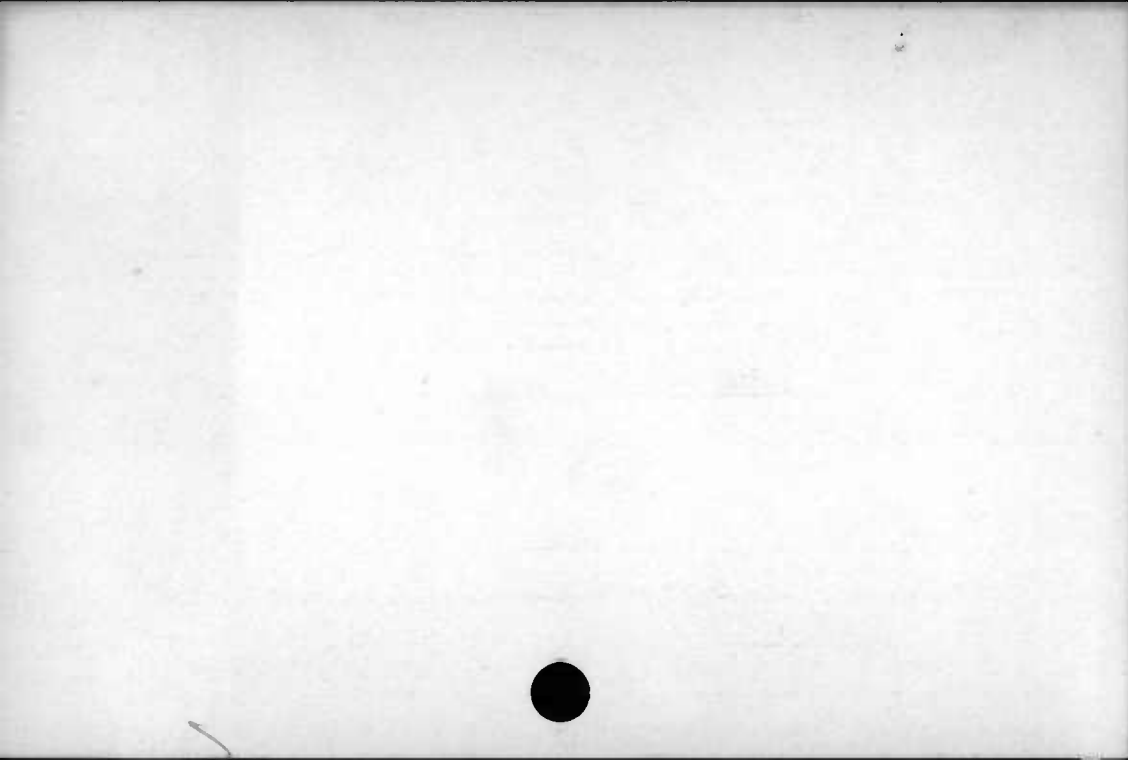
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brooklyn</i>		County <i>Ac</i>		MARYLAND	
Date of death 190	8	Month <i>Sept</i>	Day <i>3</i>	Age <i>83</i>	Years	Months <i>4</i>	Days <i>3</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Mary Ann</i>							
Father's Name <i>Reuben Looman</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Ann</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Thomas Looman</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>37 years</i>
Immediate <i>Pneumonia</i>	How long <i>14 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Looman</i>
	Address <i>Brooklyn Ac. Co. Md.</i>
Accident or Suicide?	



Name
in
Full

Gilbert McLecher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County A. a.		MARYLAND	
Date of death 1903	Month Sept	Day 20	Age 40 41	Years	Months	Days 2	
Sex Male	Color or Race White		Birth- place Annapolis				
Married, Single or Widowed —			Occupation —				
Name of Wife or Husband —							
Father's Name Lewis M. McLecher				Father's Birthplace Boston Mass			
Mother's Maiden Name Gracie E. Woodward				Mother's Birthplace Annapolis Md			
Name of person giving Information				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still - born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Mrs. Margaret Chambers Midwife	
Accident or Suicide?		



Name

in
Full

CERTIFICATE OF DEATH

Ezekiel Oliver

Town

County

MARYLAND

Died at

Severn

Anne Arundel

Date

of death 1903

Month

9

Day

27

Age

Years

77

Months

—

Days

3

Sex

Male

Color or
Race

Colored

Birth-
place

Anne Arundel Co Md

Occupation

Farmer

Where Residing if not
at place of death

—

Married, ☒ Yes

Name of Wife

Husband

Mary Jane Oliver

Father's
Name

—

Father's
Birthplace

—

Mother's
Maiden Name

—

Mother's
Birthplace

—

Name of person giving
Information

Israel Oliver

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralysis

How long

6 years

Immediate

Coma

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

R. A. Hammond
Jessup
Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John T. Humphrey*

Died at *Blennburnie* ^{Town} *Anne* ^{County}

Date of death 190 *3* ^{Month} *Sept* ^{Day} *1st* Age *3* ^{Years}

Sex *Male* Color or Race *White* Birth-place

Married, Single or Widowed Occupation

Name of Wife or Husband *105th*

Father's Name *John T. Humphrey* Father's Birthplace *A.A. Co Ma*

Mother's Maiden Name *Louisa Humphrey* Mother's Birthplace *A.A. Co Ma*

Name of person giving information *Mrs Haley* How related to deceased *Nurse*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Colitis* How long *6 weeks*

Immediate *Inanition* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *C. R. Winterison*

Address *Elkridge Md*

Accident or Suicide?



Name
in
Full

Queen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>AA</i> County		MARYLAND	
Date of death 1903	<i>Sept</i> Month	<i>28th</i> Day	Age	Months	Days
Sex	Color or Race			Birth-place	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Edward Queen</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Annie McPherson</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Mother</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Midwife</i>	
<i>Yes</i>	Address <i>Annie Brown</i>	
Accident or Suicide?		



Name in Full

Certificate of Death

Sophia Queen

Town

County

Died at

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Sept. 21

Age

5

N. D.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55965



Clara Elmira Ray

Town

County

Died at

Wellham

Anne Arundel

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

9

25

Age 18

5 25

Wellham

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Wm Randolph Ray

Mother's

Name

Rachel M. Ray

Cause of

Primary

Potts Disease Spine
Mitral Regurgitation

How long sick

2 years.

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Thos. P. Benson MD

Address

Wellham

Md.



Name in Full		Harriet Richardson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Annapolis	County		AA
				MARYLAND			
		Date of death 1903	Month Sept	Day 13 th	Years 58	Months	Days
		Sex Female	Color or Race	colored		Birth-place	AA Co.
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband		John Richardson			
		Father's Name		Charles Parker		Father's Birthplace	AA Co.
Mother's Maiden Name		Grace Parker		Mother's Birthplace	AA Co.		
Name of person giving information		Daughter		How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Apoplexy		How long	
						Three days	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		John Ridout	
		Yes		Address		Annapolis Md	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

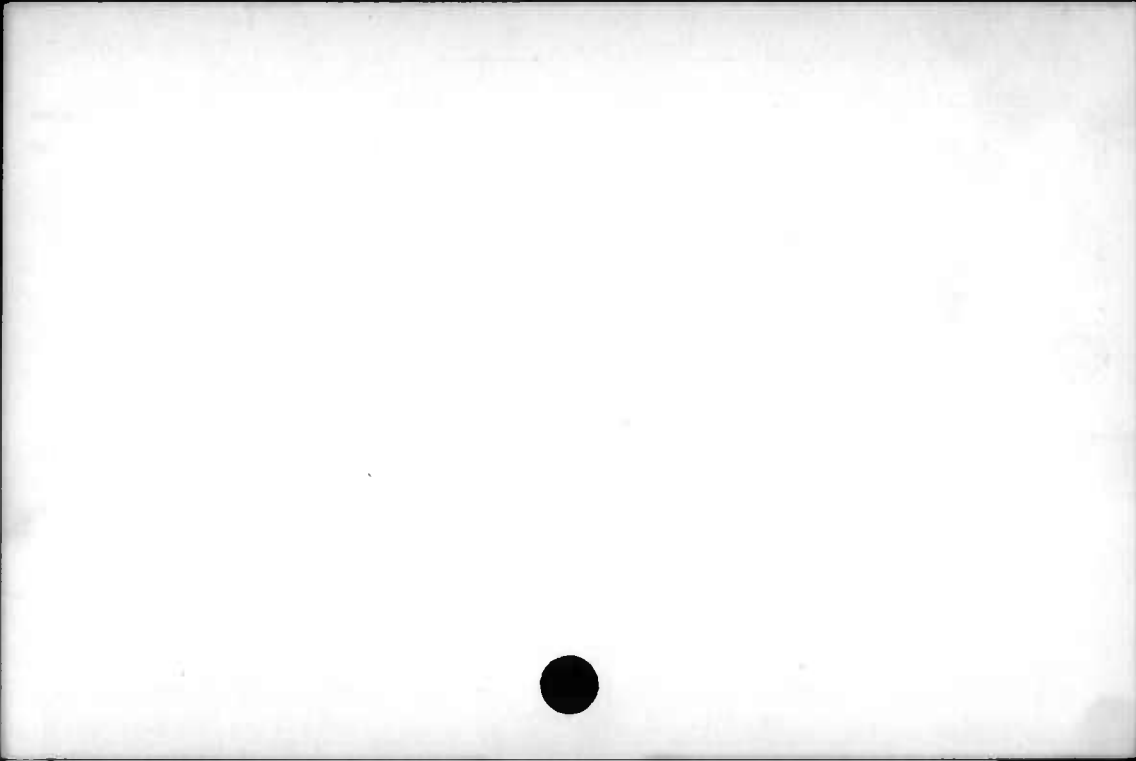
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Brooklyn</i>		County <i>Ad -</i>		MARYLAND	
Date of death	1903	Month	Sept	Day	23
Age	Years		Months		Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ad Co. Md</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>61</i>			
Father's Name <i>Fred K Ronnenberg</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Mary Meyer</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving Information <i>Fred K Ronnenberg</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>7 days</i>
Immediate	<i>eyes</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos B. Horton M.D.</i>	
		Address <i>S. Balto. Md.</i>	
Accident or Suicide? <i>-</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 2nd ^{Town} district		County Annapolis		MARYLAND	
Date of death 190 3	Month 9	Day 11	Age 7 months	Months 1	Days 1
Sex Female		Color or Race White		Birth-place Annapolis	
Married, Single or Widowed Single			Occupation None		
Name of Wife or Husband James H. Sears					
Father's Name James H. Sears			Father's Birthplace Colbert, Md.		
Mother's Maiden Name Rosie J. Pratt			Mother's Birthplace Ar. Co.		
Name of person giving information James H. Sears			How related to deceased Worthin		

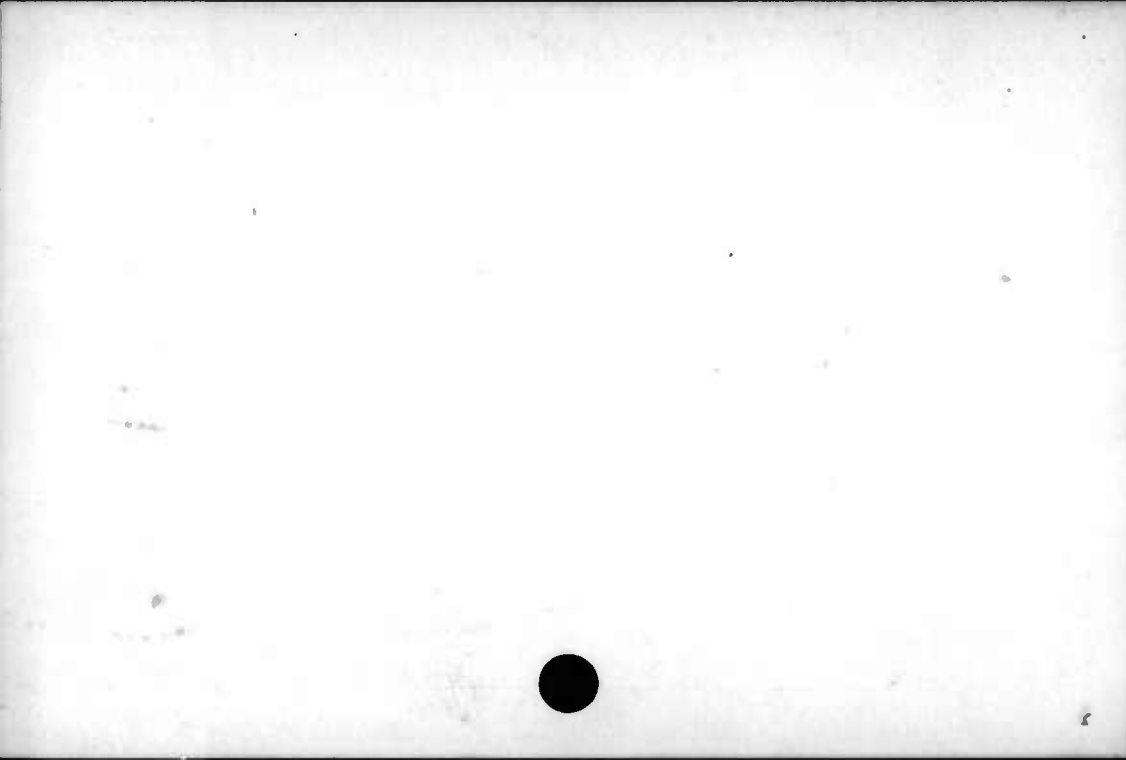
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Whooping Cough	How long 6 weeks
Immediate Asthenia	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Wm. S. Welch
	Address 184 Gloucester st
Accident or Suicide? None	Annapolis



Name in Full		CERTIFICATE OF DEATH			
Albert Shipley		Town Annapolis		County Anne Arundel	
Died at		Date of death 1903		Maryland	
Month Sept.		Day 10		Years 28	
Sex Male		Color or Race White		Months 9	
Married, Single or Widowed Single		Occupation Railroad Employee		Birth-place Annapolis	
Name of Wife or Husband		Father's Name Frank Shipley 45.		Father's Birthplace Annapolis	
Mother's Maiden Name Annie E. Gardner		Mother's Birthplace A.A. Co		How related to deceased Father	
Name of person giving information Frank Shipley					
CAUSES OF DEATH					
Primary Sarcoma		How long 7 months			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. Leuey Randerup			
yes -		Address 95 St. John St.			
Accident or Suicide? no		Annapolis Md.			



Name

in
Full

CERTIFICATE OF DEATH

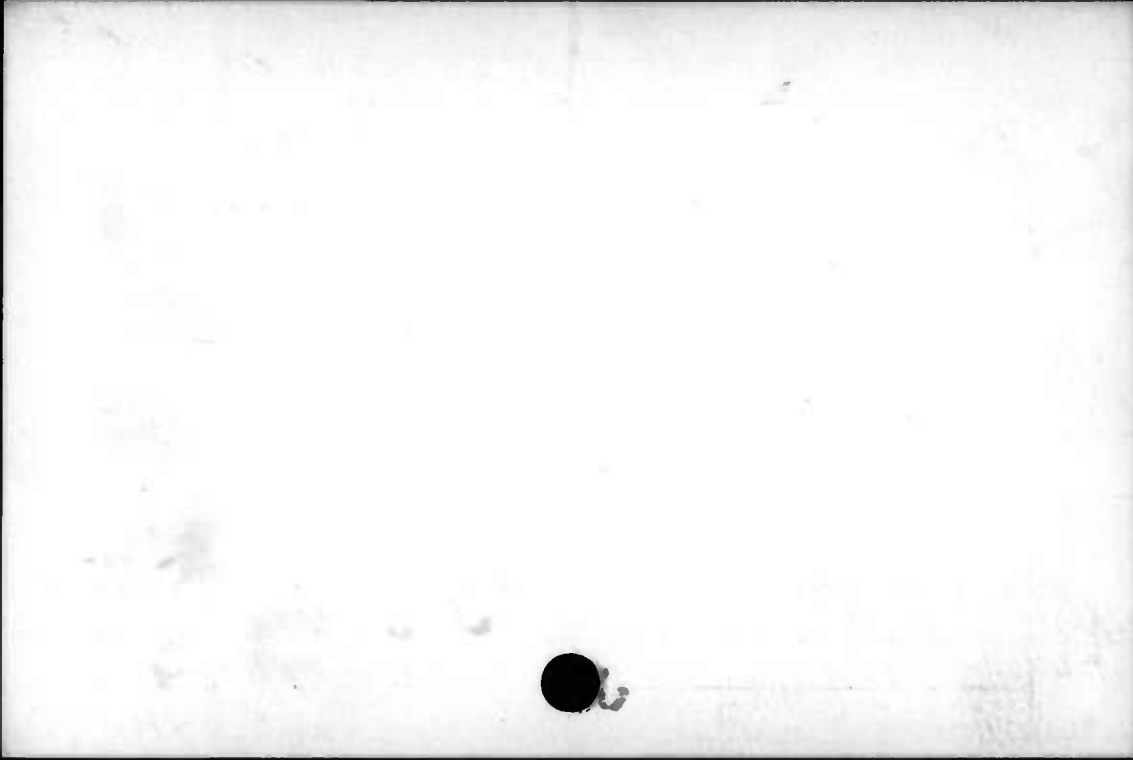
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Q. A. Co.</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>9</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Chas. W. Smith</i>				Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Abella W. Smith</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>— Still-born —</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>✓</i>	Signature of Physician <i>Lee Wells</i>
	Address <i>Annapolis</i>
Accident or Suicide?	<i>SM</i>



Name
in
Full

CERTIFICATE OF DEATH

Edward Soboleski

Town

County

Died at

E Brooklyn

A A Co

MARYLAND

Date

of death 190 3

Month

9

Day

27

Age

Years

1

Months

4

Days

Sex

Male

Color or
Race

white

Birth-
place

Md

Married, Single
or Widowed

Occupation

none

Name of Wife or
HusbandFather's
Name

J Soboleski

Father's
Birthplace

Russia

Mother's
Maiden Name

Alexander Merski

Mother's
Birthplace

" "

Name of person giving
In formation

Jacob Pialkowski

How related
to deceased

no

CAUSES OF DEATH

Primary

Marasmus

How long

Immediate

Convulsions

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. L. Hawkins Cur
Brooklyn
Md

Accident or Suicide?

Natural

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

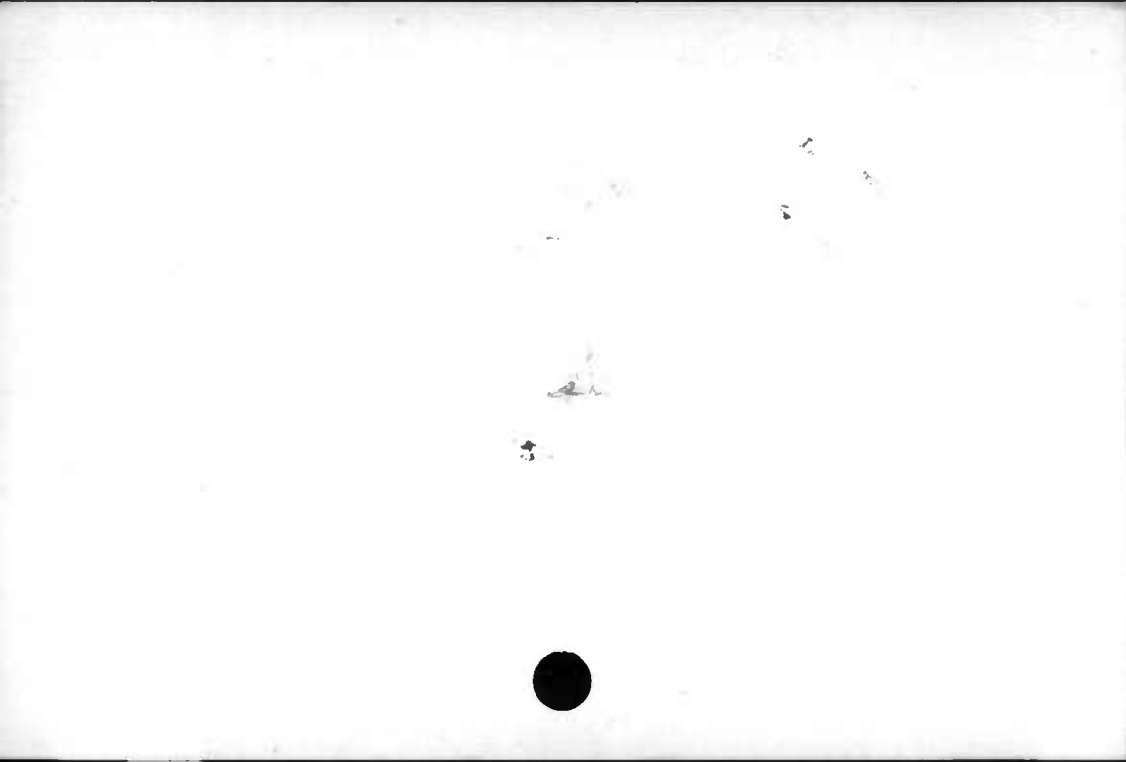
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springer</i> Town <i>Annapolis</i> County <i>Ad</i>		MARYLAND	
Date of death 190 <i>3</i> Month <i>Sept</i> Day <i>12th</i> Age <i>Years</i> Months Days	Sex <i>Male</i>	Color or Race <i>colored</i>	Birth-place <i>Annapolis</i>
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <i>Henry E. Springer</i>		Father's Birthplace <i>Annapolis</i>	
Mother's Maiden Name <i>Agnes Dove</i>		Mother's Birthplace <i>Annapolis</i>	
Name of person giving information <i>Mother</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Midwife</i>
<i>Yes</i>	Address <i>Martha Bruce</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Stepney
Town

County

AA

MARYLAND

Date

of death 1903

Month

Sept

Day

30th

Age

Years

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

J. J. Stepney

Father's
Birthplace

Annapolis

Mother's
Maiden Name

Naomi Johnson

Mother's
Birthplace

Annapolis

Name of person giving
In formation

Mother

How related
to deceased

CAUSES OF DEATH

Primary

Still-born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Susan Wright

Address

Midwife

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Gladys Stewart

CERTIFICATE OF DEATH

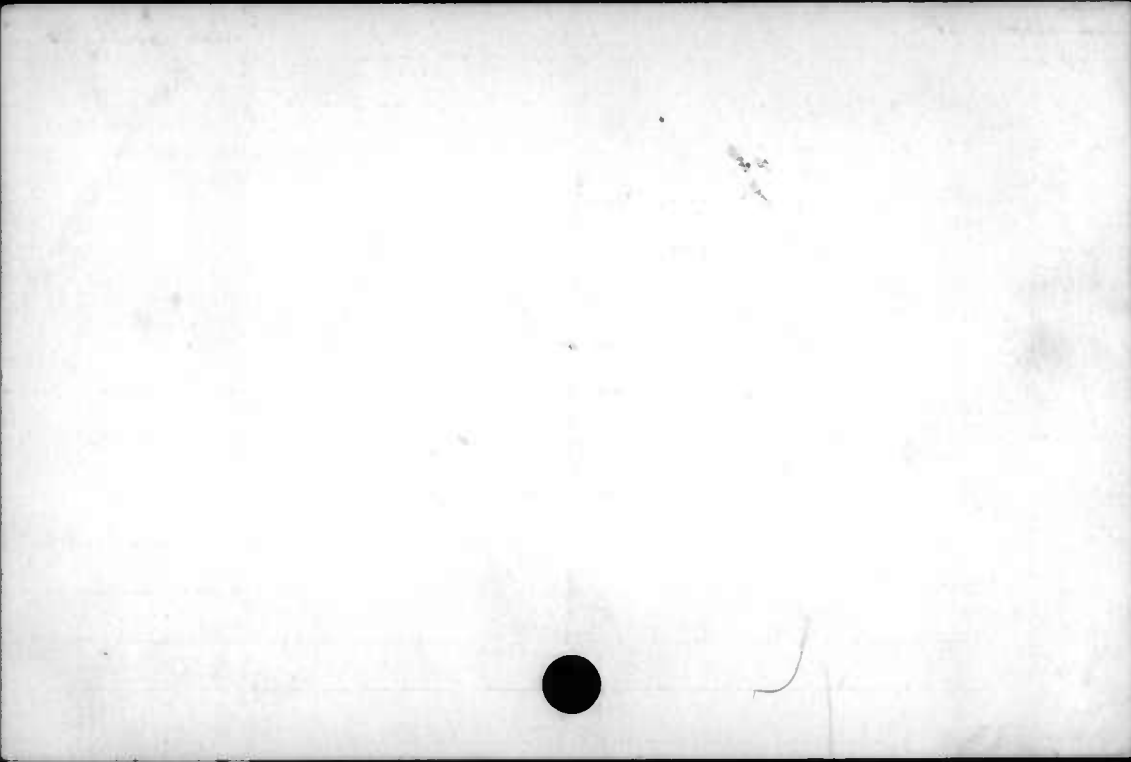
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months	Days	
3	Sept	30	16				
Sex	Females		Color or Race	White		Birth-place	Baltimore
Married, Single or Widowed	Singles		Occupation				
Name of Wife or Husband							
Father's Name							
Joseph A. Stewart							
Mother's Maiden Name							
Lottie B. Wible							
Name of person giving information							
Joe A. Stewart							
Father's Birthplace							
N. J.							
Mother's Birthplace							
N. J.							
How related to deceased							
Father							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	accident gun shot	How long	A few hours
Immediate	hemorrhage + shock	How long	hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John H. Davis
		Address	Baltimore
			M D
Accident or Suicide?			



Name
in
Full

Plummer Stinchcomb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Masonville ^{County} A. A. MARYLAND

Date of death 1903 ^{Month} Sept. ^{Day} 10 ^{Age} — ^{Years} — ^{Months} 8 ^{Days} 15

Sex male ^{Color or Race} white ^{Birth-place} So. Balto. Md

Occupation — ^{Where Residing if not at place of death} —

Married, Single
or ~~Widowed~~Name of Wife or
HusbandFather's
Name

George Stinchcomb

105

Father's
Birthplace

A. A. Co. Md.

Mother's
Maiden Name

Emma Thomas

Mother's
Birthplace

Prince George Co. Md

Name of person giving
Information

Geo. Stinchcomb

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

2 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Thos. W. Fortson M.D.
So. Balto Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

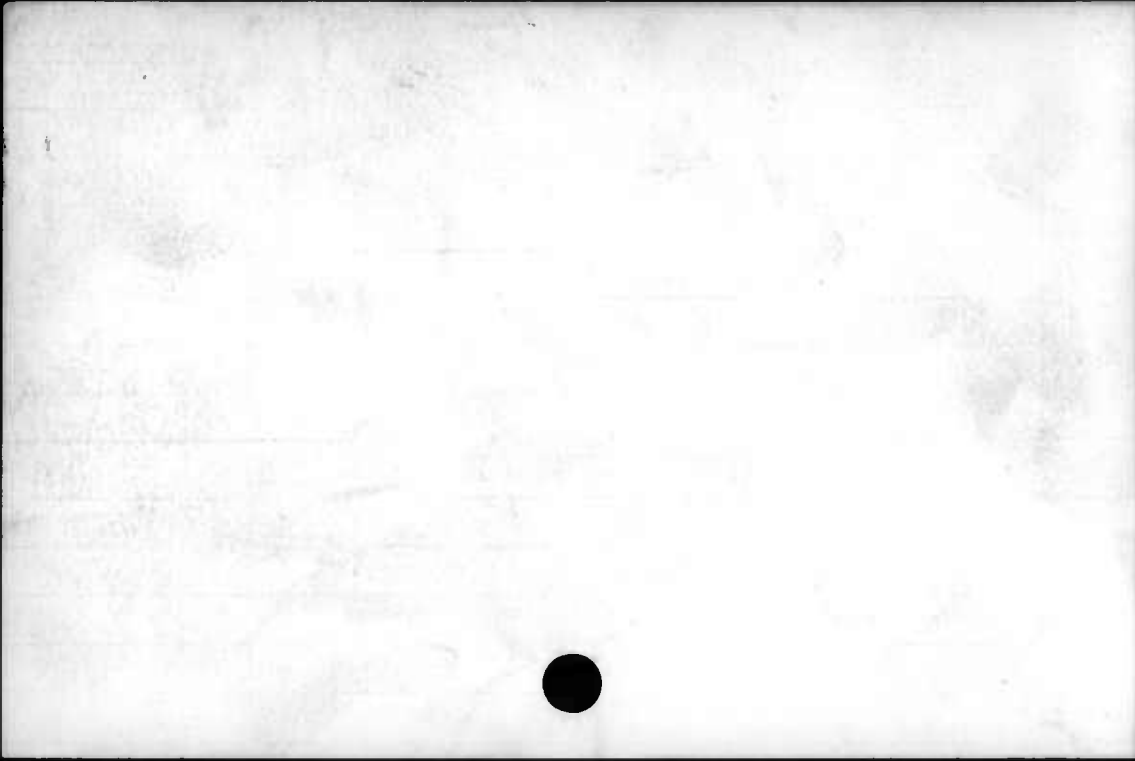
Mary Thompson

Died at <i>Churchton</i> ^{Town}		<i>a.a.</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>9</i>	Day <i>1</i>	Years <i>42</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Elliott Thompson</i>				
Father's Name <i>James Dennis</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Henrietta Horead</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Robt. Thompson</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia Paralytica</i>	How long <i>Several Months</i>
Immediate <i>Exhaustion</i>	How long <i>Two Months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. C. B. Boyd</i>
	Address <i>Shady Side Md.</i>
Accident or Suicide?	



Name
in
Full

Isaiah Two domach

Two domach

CERTIFICATE OF DEATH

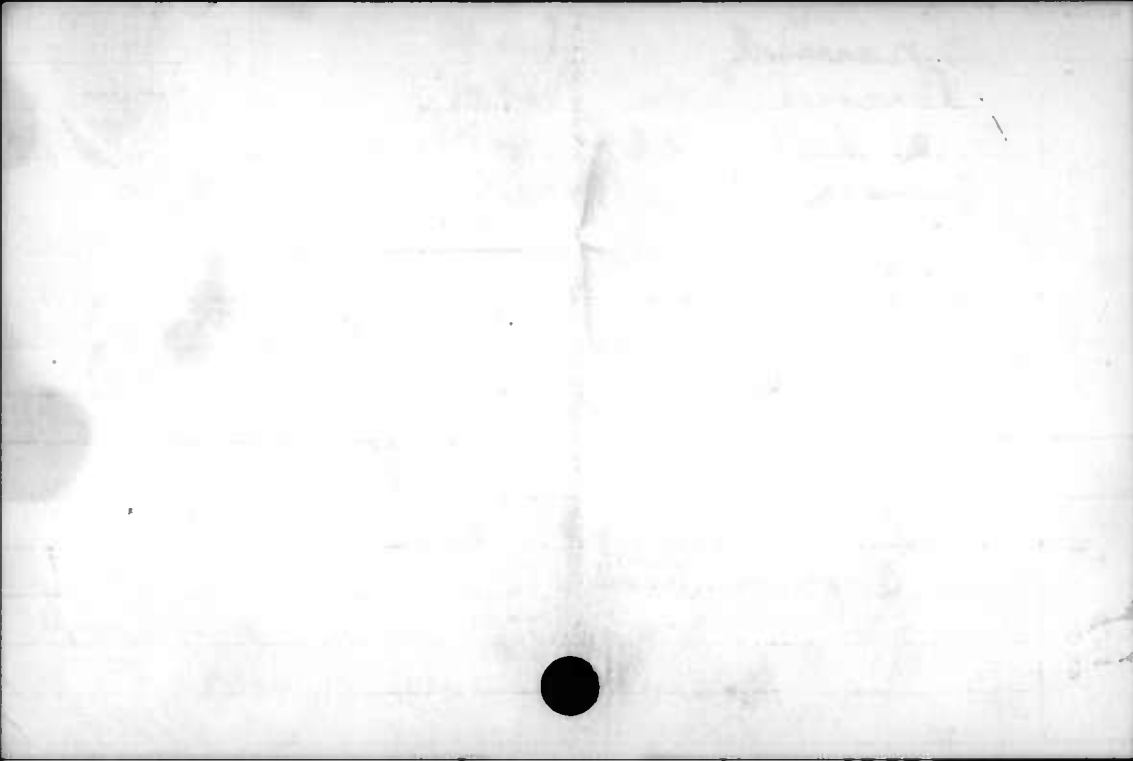
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Isle of Wight</u> Town		<u>aa</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>Sept</u>	Day <u>20</u>	Years <u>18</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Don't know</u>		
Occupation <u>Don't know</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Don't know</u>			Father's Birthplace		
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>172</u>		
Name of person giving Information <u>Ling Miller</u>			How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Drowned - in</u>	How long
Immediate	<u>Marley Creek - on Herbert Adams farm</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. H. Rayburn M.D.</u>
		Address <u>Lebanon</u>
Accident or Suicide? <u>Accident</u>		<u>Don't know</u>



Name
in
Full

Un-named Infants

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bucous Chapel</u> ^{Town}		<u>A.A.</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>Sept.</u> ^{Month}	<u>26</u> ^{Day}	Age <u>few hours</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>A.A.Co.</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Chas. Williams</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Emma Cager</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Faulty heart action</u>	How long	<u>3 hrs.</u>
Immediate	<u>Suffocation</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J.R. Hunter</u>	
		Address	
		<u>Laurel Md</u>	
Accident or Suicide?			

